

Maximizing Community Physicians' Readiness for Clinical System Implementation

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Purpose. This poster session describes the progress of an ongoing educational and planning initiative aimed at enfranchising independent community physicians in private practice. Many such physicians feel left out of institutional and corporate planning by large integrated delivery systems. These same physicians are concerned that they may therefore be at risk for missing out on defining the "information age" in health care in their own community. The described initiative is being sponsored by the Lafayette (Louisiana) Parish Medical Society (LPMS) with active participation by faculty of the University of Southwestern Louisiana (USL). The approach being taken in this joint effort is offered as a model for approaching the coordinated planning of community healthcare information technology projects.

Background. Lafayette, Louisiana -- the "capital of Acadiana" -- is the hub of Louisiana's famous Cajun culture, which highly values self-sufficiency and independence. There are approximately 400 physicians in the immediate area, a large proportion of whom are in solo practice or in partnerships or very small specialty groups. A high percentage of Lafayette physicians are "splitters", that is they have privileges and regularly admit or perform procedures on patients at more than one of the community's five acute care hospitals. For the most part, Lafayette physicians have maintained their organizational distinctiveness from the hospitals and will continue to do so, so long as the level of penetration of exclusive capitation arrangements remains low in the market. While physician practice independence may be an understandable and reasonable result of local cultural and market forces, it impedes coordinative activities and retards capital investments in and implementation of information technologies which could assist in advancing the health status of the community.

Explanation of Methodology. The first phase of the LPMS initiative took the form of a fact-finding review with two distinct targets: (1) an assessment of

current usage of computers and advanced information technologies in physician practices, and (2) an identification of specific clinical, administrative, and financial information management requirements perceived by physicians to present challenges in the management of their patients and their practices.

Phase 2 builds from the acquired fact base to offer information technology education programs tailored to the special interests of primary care physicians; medical and surgical specialists; radiologists, pathologists, and anesthesiologists; and medical directors and other physicians in administration. Topics ranging from basic computer literacy to advanced applications in medical informatics are being offered for Continuing Medical Education (CME) credit.

The final phase synthesizes a collective physician vision of appropriate applications of information technology in the community, directed especially at the needs for coordination among multiple providers of episodic care to the same patients over time.

Evaluation and Research Results. Physician participation in the fact-finding phase was higher than expected, suggesting there is significant interest in this topic among community physicians. Results of the survey have been compiled and will be presented in detail. The CME programs of Phase 2 and the planning sessions of Phase 3 are in progress, but will be completed by late Fall 1997.

Conclusions. The LPMS has already begun to gain pertinent insights from physicians who participate in the program as it crafts recommendations for a coordinated community information technology strategy. The integrated delivery systems which compete for service to defined patient populations within the region surrounding Lafayette are eagerly awaiting input from the society and its member physicians.